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ing support this permissiveness. If a baby is not suckled whenever he wishes to be, it is believed that he will become sick or will not grow strong, and the negligent mother is looked on as one of evil character.

Not only is the infant's desire to suck freely indulged, but it is indulged for a fairly long time. The normal period for breast-feeding is two to three years. Only if a new sibling happens on the scene is weaning deliberately effected. If another child is not forthcoming, and the mother is not ill, there is no inclination at any time to deny the child the breast. In many cases nursing continues until the child is four or five, when his work obligations begin to interfere.

The attitude of oral permissiveness is manifest in other ways. Thumb-sucking is accepted with good humor, and when a baby is in a bad mood he may be given his father's or mother's thumb to use as a pacifier. Though Amhara are otherwise very modest, mothers do not hesitate to offer the breast no matter where they happen to be. When referring to the process of breast-feeding, Amhara males invariably cup one hand under an imaginary breast to depict this common and natural event. When speaking to persuade a guest to accept a second glass of beer, the Amhara host has recourse to the formula: "But your mother's breasts are two!" Another indication that breast-feeding is a very familiar part of the Amhara's social environment is that in interpreting the TAT cards, a number of respondents interpreted some scene with children as a situation of breast-feeding, although this was not depicted on any of the cards.

The emotional context of breast-feeding is more significant than the physical pleasures involved. Until he leaves the breast the Amhara child inhabits an emotional paradise. He receives much attention and is fondled by both parents and by other relatives. He remains close to his mother at all times, sleeping alongside her at night and spending the day near her when not tied in a bundle on her back. He accompanies her thus to visit relatives, attend market, or go to church. Only when the mother goes to fetch water is he separated from her, for there is not room for both baby and water jug on the mother's back, and besides, water holes are the abodes of evil spirits who may try to make the child sick.

After he is weaned, the Amhara child enters a much harsher emotional atmosphere. He must adjust to a regime of commands, responsibilities, and punishments. He is nostalgic forever after for the warmth and security of his earliest years, a condition vividly associated with the experience of sucking at the breast. The prominence in Amhara culture of this association of emotional security with breast-feeding is shown by such phenomena as the mammary symbolism of the rooftop and the institution known as the "breast-father." The former consists of a clay ornament, whose color and shape clearly replicate the female nipple, which is placed atop the breast-like conical roof which

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cannibal with eyes in the back of his head. (The specter of the *çhirāq* is sometimes evoked in order to frighten children into behaving properly.) Still another figure is the *salābi*, a person who is imagined capable of spiriting away a man's harvested grain by means of magic incantations.

Without delving into questions on the cultural origins and social functions of oral ambivalence among the Amhara, one can understand how it comes into being in the individual by looking at what happens during childhood in Amhara society. It is true that, if one abides by the hypothesis on this subject supported by Whiting and Child's cross-cultural study, the phenomenon remains puzzling. Their theory attributes a high degree of anxiety about oral gratification to a low level of indulgence of oral gratification in early childhood and a high level of frustration during weaning. This particular hypothesis is not consistent with the data on the Amhara. As we noted earlier in this chapter, oral gratification is indulged among infants to a very high degree by Amhara mothers. There is considerable variation in Amhara practice with regard to weaning, moreover. At times the advent of a new baby or a mother's sickness may require abrupt weaning, in which case a bitter substance is put on the mother's nipple to discourage the infant. In many cases, on the other hand, weaning occurs so gently and spontaneously that little or no frustration is involved for the infant. The relative frequency of these two procedures is a question for which adequate data have not been assembled, but the norm seems to be a gradual departure from the breast, after the child has been happily adjusted to eating other food for more than a year.

Even if the Amhara child is not frustrated by too little indulgence of sucking and too severe weaning, he is nonetheless deprived in two other respects as he emerges from infancy. One is nutritional. Medical studies of Abyssinian children suggest a dietary deficiency beginning in the second half of the first year, and persisting throughout early childhood.[21] It is possible that this relative decline in biological well-being contributes to a sense of deprivation toward the end of the breast-feeding period.

The emotional situation of the child after weaning presents a more visible area of frustration. Amhara childhood is marked by a fairly sharp discontinuity. This may be illustrated by the fact that many Amhara boys are nurslings at the age of three and shepherds at five. The narcissism which has flowered during the nursing stage is dealt a series of blows as the young child becomes subject to the responsibilities, punishments, and suppressed status which are the lot of Amhara children. According to contemporary psychoanalytic theory, this sort of change in emotional support has far more significance for the development of behavioral tendencies than the mechanics of the weaning process; and what psychoanalysts have posited as a possible